## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number **10/5**3645**7** 

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)  |  |   |                                |                               |  |                  |                     | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|--------------------------------|-------------------------------|--|------------------|---------------------|-------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |   |                                |                               |  |                  |                     | RATE              | FEE                    |    | RATE                       | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT.                     | = \$ 150                      | LARGE ENT. = \$ 300                    |                  | BASI                | C FEE             |                        | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT A<br>(4) = \$50  |                               | All other situations = \$ 100 / \$ 200 |                  | EXAN                | 1. FEE            |                        |    | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou | ıntries =                     | All other situations = \$ 250 / \$ 500 |                  | SEAF                | RCH FEE           |                        |    | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min                            | us 100 =                      | / 50 <del>=</del>                      |                  | X                   | 125 =             |                        |    | X \$ 250 =                 |                        |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | )3 min                         | nus 20 =                      | *                                      |                  | х                   | \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| INDE   | EPENDENT CL                                    | AIMS                                      | ラ m                            | inus 3 =                      | * <b>4</b>                             |                  | X                   | s 100 =           |                        | OR | X \$ 200 =                 | გთ                     |
| MUL  | TIPLE DEPENI                                   | DENT CLAIM PRI                            | ESENT                          |                               |  |                  |                     | 180 =             |                        | OR | + \$ 360 =                 |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero                 | o, enter "(                   | )" in co                               | ' in column 2    |                     | OTAL              |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |                                |                               |  |                  | s                   | SMALL ENTITY      |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA | F                   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                          | **                            |  | =                | X                   | \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus                          | ***                           |  | =                | X \$                | 100 =             |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |  |                  | + \$                | 180 =             |                        | OR | + \$ 360 =                 |                        |
| 1  |  |   |                                | L ADDIT.<br>FEE               |  | OR               | TOTAL ADDIT.<br>FEE |                   |                        |    |                            |                        |
|  |  | (Column 1)                                |                                | (Colur                        | mn 2)                                  | (Column 3)       |                     |                   |                        |    |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA | F                   | ATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                          | **                            |  | Ė                | X S                 | 25 =              |                        | OR | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus                          | ***                           |  | =                | X \$                | 100 =             |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |  |                  | + \$                | 180 =             |                        | OR | + \$ 360 =                 |                        |
|  |  |   |                                |                               |  |                  |                     |                   |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". |  |   |                                |                               |  |                  |                     |                   |                        |    |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.